

Gentlemen,

In presenting this, my 16th, annual report - which should have been ready for the March Meeting - I apologise for the delay : the very heavy work which has devolved on the medical profession since the beginning of the year, and a personal cause which I explained to the Sanitary Committee have necessitated the postponement of much of the less urgent, if not less important, character.

Vital Statistics.

The population of the district estimated to the middle of the year is 4276. Owing to depopulation through bad trade I believe this estimate to be unduly high - and consequently the statistics deduced from them too low - but until the census of 1911 there will be no means of verifying it.

Births. (See Table 1.)

81 births, 49 female and 32 male, were registered : this is the smallest number registered in any year since Upper Mitton and Lower Mitton were combined. The Birthrate is only 18.9, the average ^{year} for the last 10 years being 24.8. Bad trade and few marriages are the probable causes. Only 2 of the births were illegitimate.

Deaths. (See Tables 1 & 4.)

42 deaths, 24 male and 18 female, were registered in the district, but to this number must be added the deaths of persons belonging to the district which occurred in the Kidderminster Infirmary and Workhouse - 4 male and 4 female - which makes the gross totals 28 male and 22 female, in all 50. The death rate is 11.6. This is a low death rate and taken in conjunction with the high rate of last year - 17.1 - makes the rate for the two years just about the average for the last 10 years, 14.3. On Table 4 the causes of and ages at death may be seen, those causing the greatest mortality are again consumption and cancer. 2 deaths were uncertified.

Zymotic Diseases. (See Table 3.)

31 cases were notified during the year : Diphtheria 2, Erysipelas 6, Scarletina 23.

Diphtheria. The two cases occurred in the same house, the patients were man and wife and neither case was severe.

Erysipelas. None of the 6 cases notified died and some at least of the cases must have been of an extremely mild type for they were ill a very short time : one indeed was out for a walk the day after notification. I think the notification of Erysipelas, except in institutions, might be dispensed with.

Scarlatina. Though 23 cases were notified only 15 households were attacked.

In presenting this, my 11th annual report - which should have been

ready for the season earlier - I apologize for the delay & the very heavy

work which has been required in the central station since the beginning of the

year, and especially since which I resigned to the military authorities

responsible for the maintenance of the law of the land, it has been a

heavy

First Section.

The number of the district was 10,000 in the middle of the year 1905.

As to the population of the district, I believe the authorities are

high - and consequently the statistics given for the year 1905 - but

with the census of 1911 there will be no more of statistics.

Second Section.

As to the number of the district, I believe the authorities are

high - and consequently the statistics given for the year 1905 - but

with the census of 1911 there will be no more of statistics.

As to the number of the district, I believe the authorities are

high - and consequently the statistics given for the year 1905 - but

with the census of 1911 there will be no more of statistics.

Third Section.

As to the number of the district, I believe the authorities are

high - and consequently the statistics given for the year 1905 - but

with the census of 1911 there will be no more of statistics.

As to the number of the district, I believe the authorities are

high - and consequently the statistics given for the year 1905 - but

with the census of 1911 there will be no more of statistics.

As to the number of the district, I believe the authorities are

high - and consequently the statistics given for the year 1905 - but

Fourth Section.

As to the number of the district, I believe the authorities are

high - and consequently the statistics given for the year 1905 - but

with the census of 1911 there will be no more of statistics.

As to the number of the district, I believe the authorities are

high - and consequently the statistics given for the year 1905 - but

with the census of 1911 there will be no more of statistics.

As to the number of the district, I believe the authorities are

high - and consequently the statistics given for the year 1905 - but

with the census of 1911 there will be no more of statistics.

As to the number of the district, I believe the authorities are

In view of the system of treatment by home isolation that has been adopted for the last few years in this district an analysis of the cases may prove interesting, especially as it tends to bear out opinions that are becoming more and more established among the Medical Officers of Health who have made a special study of the subject:

Case 1.	notified 22.8.	no school.	Cheapside.	2 other children.
2.	10.9.	Tan Lane School.	Tan Lane.	no other children.
3.	23 23.10.	"	Milton Gds.	2 other children.
4.	25. 10.	"	"	sister to case 3.
5.	27.10.	"	High St.	2 other children.
6.	29. 10.	"	Tontine B3.	2 " "
7.	1.11.	"	"	sister to case 6.
8.	3.11.	"	Worcester St.	4 other children
9.	25.11.	"	Milton St.	2 other children.
10.	25.11.	"	Baldwin Rd.	6 other children.
11.	26.11.	"	Gilgal.	no other children.
12.	29.11.	"	High St.	no other children.
13.	30.11.	"	Lombard St.	5 other children.
14.	30.11.	"	Worcester St.	sister to case 8.
15.	1.12.	"	Milton St.	5 other children.
16.	1.12.	"	"	"
17.	1.12.	"	"	"
18.	1.12.	"	"	"
19.	5.12.	Boy's N Sch.	Severn Side.	3 other children.
20.	14 14.12.	Tan Lane Sch.	Foundry St.	5 other children.
21.	19.12.	"	Baldwin Rd.	1 other child.
22.	19.12.	"	"	sister to case 21.
23.	30.12.	no school		sister to case 8 & 14.

No source of infection was traced in Case 1, home isolation satisfactory. No source of infection was traced in Case 2, home isolation satisfactory. With regard to Cases 3, 5, 6 and 8 no source of infection was definitely traced. It is interesting to note however that just at this time Case 2 was freed from isolation and though he did not return to school he lived so close to the school that it is quite possible he may have played with - and infected - his former playmates on their way to and from school. A further period of quarantine which should be spent as much as possible ^{in the fresh air} out of doors should always be insisted on before allowing a convalescent to mix with other children, the time depending on the amount of sunshine and the freedom or otherwise from any discharge from nose or ears.

Cases 4 and 7 were secondary cases in homes already infected and the only point

In view of the system of treatment by home isolation that has been adopted for the last few years in this district an analysis of the cases may prove instructive and, especially as it tends to bear out opinions that are becoming more and more established among the medical officers of health who have made a special study of the subject:

Case 1, notified 22.8.	no school.	Chenabide.	2 other children.
2.	10.9.	San Lane School.	no other children.
3.	10.10.	"	2 other children.
4.	10.10.	"	after to case 7.
5.	17.10.	"	2 other children.
6.	20.10.	"	" " "
7.	1.11.	"	after to case 5.
8.	2.11.	"	2 other children.
9.	23.11.	"	2 other children.
10.	24.11.	"	father children.
11.	24.11.	"	no other children.
12.	29.11.	"	no other children.
13.	30.11.	"	2 other children.
14.	30.11.	"	after to case 8.
15.	1.12.	"	2 other children.
16.	1.12.	"	"
17.	1.12.	"	"
18.	1.12.	"	"
19.	2.12.	"	2 other children.
20.	20.12.	"	2 other children.
21.	19.12.	"	1 other child.
22.	19.12.	"	after to case 21.
23.	30.12.	no school.	after to case 21.

No source of infection was traced in Case 1, home isolation satisfactory. No source of infection was traced in Case 2, home isolation satisfactory. It is interesting to note however that at this time Case 2 was traced from isolation and from 2 he did not return to school he lived in close to the school that it is quite possible he may have played with - and infected - his former classmates on their way to and from school. A further period of quarantine which should be spent as much as possible out of doors should always be insisted on before allowing a convalescent to sit with other children, the time depending on the amount of ammonia and the freedom or otherwise from any discharge from nose or ears.

Cases 4 and 7 were accordingly cases in which already infected and thereby acted

of interest with regard to them is that if the primary cases had been removed to hospital as soon as notified it would have been too late to prevent infection : in neither ~~case~~ ^{instance} was there any spread of infection after isolation.

After Case 8 a period of 2 weeks elapsed before another was notified, then another batch of 5 within 5 days: every child attended Tan Lane School. I therefore - with the consent of the Headmistress - paid a visit to the school and examined the throats, necks and hands of the children and with the aid of a lens discovered one boy to be peeling very slightly on the hands. He was sent home forthwith and with his exit the epidemic ceased to spread ^{as far as} the scholars were concerned. I followed the boy home and elicited the history that the boy had been poorly with a sore throat about the same time that the first batch of cases were notified : the illness was so trivial that no doctor was called in even though 7 other children were afterwards similarly attacked, and in the course of a few days he was sent back to school. On examination these other children - cases 16, 17, and 18 - were found to be peeling also. It is probable in the highest degree that this boy infected the children in batch 2.

Cases 14 and Case 22 : these were secondary cases in the home of Case 8. Case 14 did not occur till an interval of nearly 4 weeks after case 8 and case 22 till more than 4 weeks after the notification of case 14 : it is not ^{un-}usual for parents to get somewhat slack in carrying out directions as to isolation and disinfection after a while and to this slackness cases occurring at such a long interval as 4 weeks are probably due. The type of disease in this home was unusually severe and infection would be likely to last longer.

No source of infection was traced in Case 19 and home isolation was effective. Case 19 really belonged to batch 2 as she was discovered to be peeling at home when another member of the family was being visited by a doctor, and a history very like that of case 18 was elicited.

Cases 21 and 23 had attended Tan Lane Schools but enquiry suggested that they had been infected in another way. When Case 18 was visited it was arranged that his mother should send her baby away in order that she might be better able to nurse ~~the~~ the invalid. The baby went to her daughter, the mother of Cases 21 and 23. For more than three weeks this arrangement was successful, & then if I am rightly informed, case 18 seemed well, required less nursing, and the mother visited her baby more frequently and stayed longer. I think it may be taken for granted that, at any rate mothers tell me so, that the mother not only visited but nursed the baby also, and so she infected its clothes, the infection being duly passed on to Cases 21 and 23 : the theory may seem fanciful

of interest with regard to these cases is that the primary cases had been traced to hospital as soon as notified and it would have been too late to prevent infection in nursing wards and there any spread of infection after isolation. After some 2 weeks of 2 cases a third before another was notified, then another batch of 5 within 2 days every child attended the same school. I therefore - with the consent of the headmaster - paid a visit to the school and examined the children, noses and hands of the children and with the aid of a large dissecting pan for 4 pooling very slightly on the hands. No one was found to be infected and with the children's consent to spread water on the school were examined. I followed the boy home and visited a physician that the boy had been mostly with a nurse friend about the same time that the first batch of cases were notified. The illness was so trivial that no doctor was called in even though 5 other children were afterwards similarly affected, and in the course of a few days he was sent back to school. On examination these other children - namely, IV, and V - were found to be pooling also. It is probable in the light of these facts that the boy infected the children in school.

Case II and III: These were secondary cases in the home of Case I. Case II did not develop till an interval of nearly 4 weeks after case I and case III over 6 weeks after the notification of case I. It is not unusual for parents to get somewhat slack in carrying out isolation as to isolation and disinfection after a while and to this circumstance seems occurring at such a long interval as 4 weeks the possibly was. The type of illness in this home was unusually mild and mild as could be easily be seen later.

No source of infection was traced in Case II and home isolation was effective. Case II really belonged to batch I as she was discovered to be pooling at home some another on part of the family was being nursed by a doctor, and a history very like that of case I was obtained. Cases II and III had attended the same school but inquiry suggested that they had been infected in another way. When Case II was visited it was arranged that his mother should send her baby away in order that she might be better able to nurse the child. The baby went to her daughter, the mother of Case I and II. For more than three weeks this arrangement was successful, and then it was slightly interfered, case II seemed well, recovered less rapidly, and the mother visited her baby more frequently and stayed longer. I think it may be taken for granted that, at various intervals tell us on, that the mother not only visited but nursed the baby also, and so the infection in the mother, the infection being only passed on to Case II and III: the theory may now be confirmed.

but it was the one that appealed to me.

Since the adoption of house isolation by the Council I have tried to form an unbiased opinion as to its effectiveness on the data collected and on the other points of interest which have forced themselves on my notice in the course of my duties as Medical Officer of Health with respect to scarlatina.

I have come to the following conclusions :-

1. The disease is generally of a milder type than it was 4-10 years ago.
2. It is still very infectious in all stages among children brought into close contact, especially as they are at school.
3. It is less infectious as the disease progresses though the infection may last a long time if the patient is kept isolated in a small room : fresh air and sunshine rapidly diminish infection, probably by the improvement of the patients health, helping them to throw off or subdue the poison.
4. It is more infectious when the type is severe.
5. Babies are comparatively insusceptible : there were babies in several of the infected homes, not one was attacked though in one case I believe that the baby probably passed on the infection through its clothes.
6. Mild cases are frequently overlooked by parents but not often by careful parents.
7. Scarlatina ^{be} safely treated by house isolation with ordinary care especially if the type is mild.
8. Secondary cases do occur, but not more frequently than do "return cases" where hospital treatment is carried out.
9. The cost of hospital treatment - at any rate in epidemics of a mild type - ought not to be incurred. The late epidemic - on the same scale of payment as in the past - would have cost the Council between 200 and 300 pounds.
10. It is advisable that the Council should have the power, on the recommendation of the Medical Officer of Health, of spending comparatively small sums in making the isolation in certain instances more effective. At present they have no power to do so.

Infantile Mortality. (Table 5).

As in the case of the general death rate the high rate of infant mortality last year is followed by a low one this. Only 3 deaths were registered of children under the age of one year, and the rate is only 88 compared with last year's rate of 155, and the average rate for the last 10 years of 109. 3 of the deaths were those of babies less than a week old and only one was due to diarrhoeal diseases.

Tuberculosis.

9 deaths from this disease were registered during the year compared with 5 in 1907,

and it was one that appeared to me. Since the adoption of house isolation by the Council I have tried to form an unbiased opinion as to its effectiveness on the data collected and on the other points of interest which have forced themselves on my notice in the course of my duties as medical Officer of Health with respect to diphtheria.

I have come to the following conclusions:-

1. The disease is generally of a milder type than it was 4-10 years ago.

2. It is still very infectious in all stages among children brought into close

contact, especially as they are at school.

3. It is less infectious as the disease progresses though the infection may last

a long time if the patient is kept isolated in a small room; fresh air and

sunshine rapidly diminish infection, probably by the improvement of the patient's

health, helping them to throw off or subdue the poison.

4. It is more infectious when the type is severe.

5. Babies are comparatively innocuous; there were babies in several of the

infected houses, not one was attacked though in one case I believe that the baby

probably passed on the infection through its mother.

6. Mild cases are frequently overlooked by parents but not often by careful parents.

7. Isolation may be safely treated by house isolation with ordinary care especially

if the type is mild.

8. Immunity seems to occur, but not more frequently than do "return cases" where

isolation treatment is carried out.

9. The need of hospital treatment - at a private or epidemic of a mild type - ought

not to be ignored. The late epidemic - on the same scale of payment as in the

past would have cost the Council between £20 and £30 pounds.

10. It is advisable that the Council should have the power, on the recommendation

of the medical Officer of Health, of ordering comparatively small cases in which

the isolation in certain instances was effective. At present they have no power

to do so.

Infantile mortality. (Table 2).

As in the case of the general death rate the high rate of infant mortality last

year is followed by a low one this year. Only 3 deaths were registered of children under

the age of one year, and the rate is only 18 compared with last year's rate of 11,

and the average rate for the last 10 years of 100. 5 of the deaths were those of

babies less than a week old and only one was due to diarrhoeal disease.

Tuberculosis.

4 deaths from this disease were registered during the year compared with 1 in 1907.

£ in 1906, and £ in 1907. The rate for this district therefore continues high, one of the highest in the county. This year - 1909 - the disease is notifiable among paupers - or poor persons as the Royal Commission which has just-been- issued its report suggests they should be called in future -. I trust that the result of this experiment will be that in the near future Tuberculosis will be generally notifiable and more energetic steps taken for the prevention of the disease especially by dealing more thoroughly with insanitary house property. Unfortunately at present the influence of property owners on Sanitary Authorities is too great to give grounds for hope in that direction, but legislation is now before Parliament, which if passed, will ensure steps being taken towards the destruction or reconstruction of such property. I believe that if the ~~early~~ completion of the of the sewage scheme is followed by the gradual abolition of privy middens and the huge ashpits are replaced by ashbins of approved type the general health of the district will improve and the amount of tuberculosis diminish.

Cancer. The high cancer deathrate of the district is more than maintained, 3 deaths from this disease were registered during the year.

Sanitary Work.

Water supply. The town is still supplied with water from the Kidderminster Water Works, and it is excellent. Though the great majority of houses obtain water from this source there are a few wells and some which from their position must be liable to pollution.

Drainage. The Sewage Scheme is not yet completed, so I will defer any remarks about it until it is, beyond saying that the Sewage Farm already bids fair to rival its neighbour of Kidderminster. The nuisance depends on the direction of the wind, it is frequently noticeable on the Worcester Road, at Tipton, on the top of Hartlebury Common, and I have received a complaint so far away as the house occupied by Mr. Robert Blundell, on the Hartlebury Road. However the sanitary experts of the Local Government Board, the County Council and those consulted by the District Council agreed as to the suitability of the site for the farm, and so long as the residents in the vicinity are willing to put up with the nuisance - as the residents of New Town and Garden Place have tolerated the nuisance from the Kidderminster Sewage Farm for so many years - it will be wise to forget its existence. A Sewage Farm must ever be a nuisance while crude sewage is treated thereon.

The County Council propose to allow part of Hartlebury Common to be occupied by convalescents, though I don't know whether they intend to supply the residences themselves or insist upon a certain type being provided. I trust they will ensure effective supervision of the sanitary arrangements and also that the colony is no

in 1903, and 1904. The rate for the district therefore continues high, and of the highest in the county. This year - 1905 - the disease is notifiable among houses - or poor persons as the local authorities which has just been - issued the report suggests they should be called in future - . I trust that the result of this experiment will be that in the near future tubercles will be generally notifiable and more energetic steps taken for the prevention of the disease especially by dealing more thoroughly with insanitary houses property. Unfortunately at present the influence of property owners on sanitary authorities is too great to give grounds for hope in that direction, but legislation is not before Parliament, which if passed, will ensure steps being taken towards the destruction or reconstruction of such property. I believe that if the local authorities of the average county are followed by the general abolition of privy middens and the huge mounds are replaced by mounds of refuse as suggested - on the removal health of the district will improve and the amount of tubercles diminish. The high summer deaths of the district is more than maintained, a death from this disease were registered during the year.

Sanitary work.

Water supply. The town is still supplied with water from the Alderminster Water Works, and it is excellent. Though the great majority of houses obtain water from this source there are a few wells and some which from their position must be liable to pollution. The sewage system is not yet completed, as I will defer my remarks about it until it is, beyond saying that the sewage runs already side by side to river in the neighbourhood of Alderminster. The nuisance depends on the direction of the wind, it is frequently noticeable on the latter part of the year, on the top of Hartlebury Common, and I have received a complaint as far away as the house occupied by Mr. Robert Russell, on the Hartlebury Road. However the sanitary experts of the local Government Board, the County Council, and those connected by the Local Board, agreed as to the unsuitability of the site for the town and so long as the residents in the vicinity are willing to put up with the nuisance - as the residents of New Town and Gorton have tolerated the nuisance from the Alderminster sewage line for so many years - it will be wise to forget its existence. A sewage farm must ever be a nuisance while sewage is treated thereon. The County Council propose to allow part of Hartlebury Common to be occupied by cesspits, though I doubt how far they intend to supply the residents themselves or limit upon a certain type being provided. I trust they will ensure effective supervision of the sanitary arrangements and also that the colony is no

nuisance to the residents near by or the users of the stream, also that the poor patients will thrive on the polluted air from the sewage farms.

The Middlesbrough sewage farm nuisance is not stated though on the whole I have received fewer complaints than usual.

River pollution. Though this has ever been more theoretical than practical it has become a negligible quantity since the use of the sewage farms.

House Accommodation. A large number of houses are vacant and very few have been built : none have been closed.

Increment Disposal. The sleeping system which has been in vogue for so many years will I trust be gradually abolished. If the Public Health Acts Amendment Act 1907 were adopted their satisfaction would be facilitated. I have reason to trust that their presence in the district has prevented visitors staying here and coming here, as it is to be wondered at.

Scavenging. This has been regularly carried out, and I am glad to say the number of ashbins - of galvanised iron - is increasing : with the abolition of privy middens and the huge ashbins of porous brick the surroundings of the poorer class of property will become much sweeter and more healthy, and the senses of sight and smell will not be offended - as they are at present - by large accumulations of refuse lying on and fouling - the surface of the streets, sometimes quite late in the morning.

Slaughterhouses. These have been visited regularly by the Sanitary Inspector who has found them in a satisfactory condition. But they are without exception too close to houses, and I trust ^{that} before long they will be supplanted by a well appointed cattle market.

Stables and Coach-houses. The Sanitary Inspector tells me that these are better kept than they used to be, though there is still room for improvement.

Dairies. These places too are not so clean as they ought to be, but are better than they were some years ago.

Byelaws. No fresh byelaws have been adopted during the year.

Factories and Workshops. The Table issued by the Board of Trade, duly filled in, is attached to this report.

In conclusion I have the pleasure to acknowledge once again the energetic and thorough assistance of Mr. Edmundson, the Sanitary Inspector, and the courteous co-operation of the Sanitary Committee.

I am, Gentlemen,

Your obedient servant,

E. STANLEY EDWARDS.

May 1st. 1908.

Table 2.

Vital Statistics of whole District during 1908 and previous Years.

STOURPORT URBAN DISTRICT COUNCIL.

Year.	Population estimated to Middle of each year.	Births.		Total Deaths registered in the District.			Deaths of Residents registered in Public Institutions beyond the district.	Net deaths at all Ages belonging to the District.	
		NO.	RATE.	Under 1 Year of Age.	At all ages.	Age.		NO.	Rate.
				NO.	Rate.	NO.			
				Deaths registered.					
1.		2.	4.	5.	6.	7.	8.	9.	10.
1898.	4329.	125.	27.	15.	104.	52.	11.2.	5.	52.
1899.	4596.	124.	26.9.	13.	104.	55.	11.9.	55.	12.1.
1900.	4562.	122.	26.7.	12.	98.	56.	12.2.	5.	12.2.
1901.	4577.	106.	23.4.	17.	160.	52.	13.6.	8.	15.4.
1902.	4486.	114.	25.4.	12.	111.	51.	11.5.	8.	15.5.
1903.	4451.	112.	25.2.	8.	66.	44.	9.8.	15.	12.5.
1904.	4416.	115.	25.8.	12.	106.	67.	12.2.	17.	17.2.
1905.	4521.	103.	23.5.	12.	116.	53.	12.	15.	15.
1906.	4346.	95.	21.8.	7.	73.	60.	13.8.	5.	14.2.
1907.	4311.	102.	23.6.	13.	156.	67.	15.5.	7.	17.1.
Average for years 1898-1907.	4469.	111.	24.6.	12.	109.	55.	12.3.	8.	14.7.
1908.	4276.	91.	18.9.	3.	88.	42.	9.8.	3.	11.6.

Rates in Columns 4, 5 and 11 are calculated per 1000 of estimated Population.

Area of District in acres (exclusive of area covered by water), 4 1165.

Total Population at all ages, 4521 ; Number of inhabited Houses, 1015 ; Average number of persons per house, 4.4.

Kidderminster Infirmary and Workhouse, Droitwich Workhouse, and Fowick and Barnoley Hall Asylums, are the Institutions outside the District receiving sick and infirm persons from the District. The Union Workhouse is not within the District.

Table 3.

Table of Infectious Disease Notified during the Year 1908.

Stourport Urban District.

Cases notified in whole district.

Notifiable Disease.	At all ages.	Cases notified in whole district.				
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to all.
Diphtheria & (including Corynebacterium group).	2.					2.
Scarlet fever.	6.					6.
Measles.	25.	14.	7.	2.		
Whooping cough.	51.	14.	7.	2.		8.

Isolation Hospital, Kidderminster.

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

Table 2.

Causes of, and Age at, Death during 1908

Deaths at the subdivided ages of residents, whether occurring in or beyond the District.

Causes of Death.	All Ages.	Under 1 Year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and over.
Apoplexy, cerebro.	3.	1.	2.				1.
Enteritis.	3.	1.	2.				
Phthisis, (consumptive tuberculosis).	5.					1.	
Other tuberculous diseases.	1.		1.				
Cancer, malignant.	6.					3.	1.
Leucæmia.	1.						1.
Pneumonia.	1.	1.					
Ischemic heart.	1.	1.					
Heart disease.	1.			1.			1.
Stroke and accidents, of gestation.	1.	1.					
Accidents.	1.					1.	
Unlabeled.	1.					1.	
Unlabeled.	10.						10.
Uncertified.	2.	1.				1.	
All other causes.	10 11.	2.				1.	4.
All causes.	50.	8.		1.	18.	19.	

Table 5.

Stourport Urban District.

Infantile Mortality during the Year 1908. Deaths from stated causes in Weeks and Months under One Year of Age.

Cause of Death.	Under 1 week.	1 to 2 Months.	2 to 3 Months.	4 to 5 Months.	5 to 6 Months.	6 to 9 Months.	Total Deaths under One Year.
All Causes. Certified.	3.	1.	1.	1.	1.		7.
All Causes. Un " .						1.	1.
Gastritis, Gastro-intestinal Catarrh.						1.	1.
Premature Birth..	1.						1.
Congenital Defects.			1.				1.
Injury at Birth.	1.						1.
Convulsions.						1.	1.
Pneumonia.				1.			1.
Other Causes.	1.	1.					2.
	3.	1.	1.	1.	1.	1.	8.

District(or sub-division) of Stourport. Population, estimated to middle of 1908. 4276.

Births in the year, legitimate 72. Deaths in the year of legitimate infants 8.

" " " " , illegitimate 2. " " " " " illegitimate " 0.

Deaths from all Causes at all Ages 8.

Annual Report of the Medical Officer of Health for the year 1908 for the Urban District of Stourport., on the administration of the Factory and Workshop Act, 1901, in connection with Factories, Workshops, Workplaces and Homework.

Workshop Inspections. 86.

Written Notices to Workshops. 1.

Unsuitable sanitary accommodation

Found 1. Remedied. 1.

May 1st. E. S. ROBINSON.
